

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G452		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/09/2011	
NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 52812 HIGHLAND DR SOUTH BEND, IN46635			
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W0000	<p>This visit was for an annual fundamental recertification survey.</p> <p>Dates of Survey: September 7, 8 and 9, 2011.</p> <p>Facility Number: 000966 Provider Number: 15G452 AIMS Number: 100244770</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>These deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/16/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0120	<p>The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #4) to assure active treatment was being provided at day programming.</p> <p>Findings include:</p> <p>An outside day program observation was conducted on 9/7/11 from 11:40 A.M. until 1:30 P.M.. Upon entering into the workshop area at 11:40 A.M., client #4 was observed hunched over with his head laying in his lap asleep. From 11:45 A.M.</p>			W0120	<p>The issues noted in this tag have been communicated to the director of the outside day program. Retraining will be conducted with the staff at the day program to assure that the goals and continuous active treatment is being provided for all people who live at the Highland home and attend day program at that facility.</p> <p>Monthly Active Treatment observations will be done by the Dungarvin QMRP or Lead Counselor to assure that these expectations are being met.</p> <p>System wide all Program</p>		10/09/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>until 1:00 P.M., client #1 was observed sitting at a table with her empty lunch bag sitting on the table. Client #1 sat during the entire observation with no activity or staff interaction while the one staff assigned to the room ate lunch. From 1:00 P.M. until 1:30 P.M., client #4 was observed hunched over with his head laying in his lap asleep. During the entire observation period client #4 was observed with no activity or staff interaction.</p> <p>A review of client #1's day program record was conducted on 9/8/11 at 10:49 A.M.. A review of client #1's Day Program goal sheet dated 9/1/11 indicated: "Will put her lunch bag up on the coat rack after eating lunch...will wash her hands."</p> <p>An interview with day program staff #1 was conducted on 9/7/11 at 1:00 P.M.. Day program staff #1 indicated client #1 ate lunch at 11:00 A.M..</p> <p>An interview with the Lead Counselor (LC) was conducted on 9/8/11 at 2:01 P.M.. The LC indicated clients #1 and #4 should be provided active treatment at day program.</p> <p>1.1-3-1(a)</p>				<p>Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p><b>Persons Responsible:</b>  <b>Program Director /QMRP,</b>  <b>Day Program Staff, Lead</b>  <b>Counselor</b></p>		

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W0248	<p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview, the facility failed to have updated Individual Support Plans (ISP) for 1 of 4 sampled clients (client #1), available for all staff who worked at the day program.</p> <p>Findings include:</p> <p>An observation at the outside day program was conducted on 9/7/11 from 11:40 A.M. until 1:30 P.M.. From 11:45 P.M. until 1:00 P.M., client #1 was observed sitting with no activity.</p> <p>Client #1's record was reviewed on 9/7/11 at 12:10 P.M. Review of client #1's record indicated no ISP available for review. No further documentation was available for review to indicate client #1's current ISP dated 9/29/10 was available for staff who worked with the client at the day program.</p> <p>An interview with day program staff #2 was conducted on 9/7/11 at 12:55 P.M.. Day program #2 indicated client #1's ISP was not available for the day program staff.</p>			W0248	<p><b>W248 483.440 Individual Program Plan</b></p> <p>The Program Director/QMRP has verified that the day program for all individuals at the Highland home have received copies of the annual IPP's. Going forward the QMRP will assure that these IPP's are sent to the day program provider via email so we have an electronic verification that those were sent to the day service providers. Monthly Active Treatment observations will be done by the Dungarvin QMRP or Lead Counselor to assure that the IPP's are in place.</p> <p>System wide all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p><b>Persons Responsible:</b> <b>Program Director /QMRP</b></p>		10/09/2011

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W0369	<p>An interview with the Lead Counselor (LC) was conducted on 9/8/11 at 2:01 P.M.. The LC indicated the client's ISP had been updated and day program staff should have the updated information for client #1.</p> <p>1.1-3-4(a)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #2) to ensure staff administered the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/8/11 from 6:20 A.M. until 7:30 A.M.. At 6:45 A.M., client #1 was observed eating her breakfast which consisted of a bowl of cereal. At 7:00 A.M., client #2 was observed receiving his Phenytoin 100 mg (milligram) capsules for seizures, his Potassium 10 mg tablet supplement and his Thera M tablet supplement in a half filled 5 ounce plastic cup of water. At 7:05 A.M., a</p>			W0369	<p><b>W 369 483.460 Drug Administration</b></p> <p>The staff person responsible for the medication error has been retrained on the specific concerns noted in the survey report. All staff at the home has reviewed this standard as well. The Program Director, facility nurse and designee's will conduct random medication passing observations at the home with various staff to ensure consistency in the medication passing system. All ICF Program Directors will review this standard and assure that this issue is being evaluated as a possible concern in all ICF-MR's.</p> <p><b>Persons Responsible: Program Director/QMRP, Facility Nurse</b></p>		10/09/2011

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	<p>review of the medication punch card and Medication Administration Record dated 9/11 indicated: "Phenytoin 100 mg capsules...3 capsules every morning...with plenty of water...Potassium 10 mg tablet...1 tablet orally once a day with plenty of water...Thera M tablet...1 tablet orally once a day with plenty of water." At 7:10 A.M., client #1 was observed receiving her Omeprazole 20 mg capsules for acid reflux. At 7:15 A.M., a review of the medication punch card and Medication Administration Record dated 9/11 indicated: "Omeprazole 20 mg capsule...1 capsule by mouth daily...take before food/meal."</p> <p>An interview with the facility's Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 9/8/11 at 1:10 P.M.. The LPN indicated client #2 should have received at least 8 ounces of water with his medication and further indicated client #1 should not have eaten prior to receiving her medication. The LPN further indicated staff should have followed the directions on the label.</p> <p>1.1-3-6(a)</p>						

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W0371	<p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, record review and interview for 3 of 4 sampled clients (clients #1, #2, and #4), the facility failed to have medication objectives in each clients' Individual Support Plans (ISPs) to teach medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/8/11 from 6:20 A.M. until 7:30 A.M.. At 6:30 A.M., client #4 was observed during medication administration. No medication training was observed during the medication administration. At 7:00 A.M., client #2 was observed during medication administration. No medication training was observed during the medication administration. At 7:10 A.M., client #1 was observed during medication administration. No medication training was observed during the medication administration.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 9/8/11 at 10:49 A.M.. Review of client #1's Informed Consent</p>			W0371	<p><b>W371 483.460(k)(4) Drug Administration</b></p> <p>The Program Director/QMRP for the Highland home will review this standard and assure that all individuals at that home have a learning program in place to address the need for independence in self-medication administration. Goals will be put in place for clients #1, #2, and #4 to address this need.</p> <p>All staff at the Highland home will review these new goals. The Program Director, facility nurse and designee's will conduct random medication passing observations at the home with various staff to ensure consistency in the medication objective implementation.</p> <p>All ICF Program Directors will review this standard and assure that this issue is being evaluated as a possible concern in all ICF-MR's.</p> <p><b>Persons Responsible: Program Director/QMRP, Facility Nurse</b></p>		10/09/2011

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	<p>Assessment (ICA) dated 9/29/10 indicated the client needed close supervision/instruction/intensive programming to state name of medications, to state the purpose of medications and to state side effects of medications. Client #1's ISP dated 9/29/10 did not indicate any medication administration objectives.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 9/8/11 at 11:26 A.M.. Review of client #2's Informed Consent Assessment (ICA) dated 7/18/11 indicated the client needed staff guidance/reminder or prompts to state name of medications, to state the purpose of medications and to state side effects of medications. Client #2's ISP dated 7/19/11 did not indicate any objectives to assist the client to learn to self administer medication.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 9/8/11 at 12:05 P.M.. Review of client #4's Informed Consent Assessment (ICA) dated 6/9/11 indicated the client needed staff guidance/reminder or prompts to state name of medications, to state the purpose of medications and to state side effects of medications. Client #4's ISP dated 6/9/11 did not indicate any objectives to assist the client to learn to</p>						

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W0460	<p>self administer medication.</p> <p>An interview with the Lead Counselor (LC) and Qualified Mental Retardation Professional (QMRP) was conducted at the facility's administrative office on 9/8/11 at 2:01 P.M.. The LC and QMRP indicated client #1, #2 and #4's Individual Support Plans did not have objectives for their identified needs. No further documentation was available for review.</p> <p>1.1-3-6(a)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation and record review for 1 of 4 sampled clients (client #1), the facility failed to assure the staff provided food in accordance with client's diet order.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on on 9/7/11 from 3:20 P.M. until 6:20 P.M.. At 4:10 P.M., client #1 was observed eating a granola bar for snack. Client #1 was not observed eating a snack of a mechanical soft texture.</p> <p>Review of client #1's record on 9/8/11 at</p>		W0460	<p><b>W460 483.480 Food and Nutrition Services</b></p> <p>All staff at the site will receive retraining on every individual's dietary requirements and review each person's dining risk plans. At least monthly observations will be conducted by the Program Director or designee to assure that each staff is implementing the dietary plans. Immediate feedback will be given to the staff during those observations. This will be documented on an Active Treatment Observation form. A copy of those forms will be given to the Program Coordinator for review and follow up.</p>		10/09/2011	



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	<p>10:49 A.M. indicated a "Dining Risk Plan" dated 8/15/11 which indicated: "[Client #1] is prescribed a mechanical soft diet. All food should be a soft consistency...Dry or chewy food should be avoided. Nuts, raisins, grapes or crunchy fruit are amongst some of the foods that are of most risk, these should absolutely be avoided."</p> <p>An interview with the nurse was conducted on 9/8/11 at 1:10 P.M.. The nurse indicated staff should ensure clients are eating their recommended diets.</p> <p>1.1-3-8(a)</p>				<p>System wide all Program Director/QMRP's will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's.</p> <p><b>Persons Responsible: Program Director(QMRP)</b></p>		